



**COMMONWEALTH OF MASSACHUSETTS**  
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES  
DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF HEALTH PROFESSIONS LICENSURE  
239 CAUSEWAY STREET, SUITE 200  
BOSTON, MA 02114  
PHONE: 800-414-0168 • 617-973-0800  
WEBSITE: [www.mass.gov/dph/boards](http://www.mass.gov/dph/boards)

**BOARD OF REGISTRATION OF GENETIC COUNSELORS**

APPLICATION FOR **PROVISIONAL** LICENSURE  
LICENSE APPLICATION - \$ 300.00 (NONREFUNDABLE)

**ALL QUESTIONS MUST BE ANSWERED**

1. APPLICANT NAME: \_\_\_\_\_  
Last First Middle

MAIDEN/OTHER NAME: \_\_\_\_\_  
(if applicable) Last First Middle

2. ADDRESS OF RECORD: \_\_\_\_\_  
Number Street Apt. Number

\_\_\_\_\_  
City/Town State Zip Code

3. MOST RECENT PREVIOUS ADDRESS: \_\_\_\_\_  
Number Street Apt. Number

\_\_\_\_\_  
City/Town State Zip Code

4. TELEPHONE NUMBER(S) Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

5. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ EYE COLOR: \_\_\_\_\_  
Date of Birth (mm/dd/yyyy) Place of Birth (city/state/country)

HEIGHT: \_\_\_\_\_ Feet \_\_\_\_\_ Inches WEIGHT: \_\_\_\_\_ Lbs. MOTHER'S MAIDEN NAME: \_\_\_\_\_

6. SOCIAL SECURITY NUMBER (SSN) (**disclosure is mandatory**): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Pursuant to G.L. c. 62C, s. 47A, the Division of Health Professions Licensure is required to obtain your SSN and forward it to the Massachusetts Department of Revenue. The Department of Revenue will use your SSN to ascertain whether or not you are in compliance with Massachusetts tax laws (G.L. c. 62C, s. 47A) and child support laws (G.L. c. 119A, s.16).

**FOR BOARD USE ONLY**

Application Number: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Provisional License Number: \_\_\_\_\_

## EDUCATION

7. ABGC OR ABMG ACCREDITED DEGREE PROGRAM: \_\_\_\_\_  
Program and Educational Institution

Number Street City State Zip Code  
Degree Awarded: \_\_\_\_\_ Date Degree Awarded: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

***Applicant must arrange for an official transcript to be mailed directly to the Board by the degree-awarding institution.***

8. UNDERGRADUATE EDUCATION: \_\_\_\_\_  
Name of Institution

Number Street City State Zip Code  
Degree Awarded: \_\_\_\_\_ Date Degree Awarded: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

***Applicant must arrange for an official transcript of undergraduate education to be mailed directly to the Board by the degree-awarding institution.***

9. OTHER EDUCATION: \_\_\_\_\_  
Name of Institution

Number Street City State Zip Code  
Degree Awarded: \_\_\_\_\_ Date Degree Awarded: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

***Applicant must arrange for all official transcripts of other post-secondary education to be mailed directly to the Board by the degree-awarding institution.***

10. NAME OF SUPERVISOR: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

WORK ADDRESS OF SUPERVISOR \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ WORK EMAIL \_\_\_\_\_

**I have reviewed with my supervisee the Guidelines for General Supervision of Provisionally Licensed Genetic Counselors.**

SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

### APPLICATION FOR PROVISIONAL LICENSE

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11. GENETIC COUNSELOR CERTIFICATION EXAMINATION

I CERTIFY, UNDER THE PENALTIES FOR PERJURY, THAT:

☐ I TOOK THE **ABGC** CERTIFICATION EXAMINATION ADMINISTERED ON \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YYYY)

☐ I TOOK THE **ABMG** CERTIFICATION EXAMINATION ADMINISTERED ON \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YYYY)

☐ I WILL REGISTER FOR AND TAKE THE NEXT AVAILABLE **ABGC** CERTIFICATION EXAMINATION TO BE  
ADMINISTERED ON \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YYYY)

☐ I WILL REGISTER FOR AND TAKE THE NEXT AVAILABLE **ABMG** CERTIFICATION EXAMINATION TO BE  
ADMINISTERED ON: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YYYY)

***Applicants must arrange for official verification of certification to be mailed directly to the Board by the ABGC or the ABMG.***

12. APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**VERIFICATION OF OTHER LICENSES/BOARD CERTIFICATIONS**

13. LIST BELOW ALL OTHER PROFESSIONAL LICENSES AND BOARD CERTIFICATIONS HELD IN OTHER JURISDICTIONS:

☐ I DO NOT CURRENTLY HOLD AND HAVE NEVER HELD A PROFESSIONAL LICENSE OR CERTIFICATION IN ANY STATE OR JURISDICTION.

<u>Issuing Jurisdiction</u>	<u>Profession</u>	<u>License/Certification Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Applicants must arrange for official documentation of current license status from each state or jurisdiction to be mailed directly to the Board.***

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## QUESTIONS

**IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS PLEASE ATTACH A SEPARATE SHEET EXPLAINING THE CIRCUMSTANCES.**

14. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction?

Yes ☐ No ☐

15. Has any licensing or certification board, government authority, hospital or health care facility or professional medical association located in the United States or any country or foreign jurisdiction taken any disciplinary action against you?

Yes ☐ No ☐

16. Are you the subject of pending disciplinary actions by any licensing or certification board, government authority, hospital or health care facility or professional medical association located in the United States or any country or foreign jurisdiction?

Yes ☐ No ☐

17. Have you ever voluntarily surrendered any professional license or board certification in the United States or any country or foreign jurisdiction?

Yes ☐ No ☐

18. Have you ever been arrested, charged, arraigned, indicted, prosecuted, convicted or been the subject of any criminal investigation or any court proceeding in relation to any criminal violation? Do not report minor violations for which a fine of \$100 or less was imposed.

Yes ☐ No ☐

## RELEASE

I hereby authorize all hospitals, institutions, credentialing agencies, organizations, personal physicians, employers (past and present), business and genetic counseling associates (past and present), and all government agencies and entities (local, state, federal, or foreign) to release to the Board of Registration of Genetic Counselors any information, files or records requested by the Board in connection with the processing of my application. I further authorize the Board of Registration of Genetic Counselors to release information contained in this application in association with its processing.

## AFFIDAVIT OF APPLICANT

To the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by state law and do not owe child support.

I understand that the Board is certified by the Massachusetts Criminal History Systems Board for access to Criminal Offender Record Information (CORI), including conviction and pending criminal case data. As an applicant for a license to practice as a genetic counselor, I understand that a CORI check may be conducted by the Board for conviction and pending criminal case information only and that the CORI results will not necessarily disqualify me.

I understand that I am responsible for reading and understanding the laws and regulations governing practice as a licensed Genetic Counselor in Massachusetts and I hereby agree to comply with such laws and regulations.

I understand that this application for licensure as a Genetic Counselor shall be deemed no longer valid if requirements for provisional licensure as a Genetic Counselor not met within one (1) year from the date of Board receipt. I also understand that fees are non-refundable and non-transferable.

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that any failure to provide truthful and accurate information in connection with this application for licensure may be grounds for the Board of Registration of Genetic Counselors to deny issuance of a license; to suspend or revoke a license issued to me; and to deny renewal of a license issued to me, all in accordance with Massachusetts law.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

**Attach a  
recent  
2x2 passport  
photo**

NOTARY NAME: \_\_\_\_\_

COMMISSION EXPIRES: \_\_\_\_\_

[Seal]

**INCLUDE A NONREFUNDABLE FEE OF \$300.00 (CHECK OR MONEY ORDER ) PAYABLE TO THE COMMONWEALTH OF MASSACHUSETTS**

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**DEVAL L. PATRICK**  
GOVERNOR

**TIMOTHY P. MURRAY**  
LIEUTENANT GOVERNOR

**JUDYANN BIGBY, MD**  
SECRETARY

**JOHN AUERBACH**  
COMMISSIONER

**JEAN K. PONTIKAS**  
DIRECTOR

**CORI REQUEST FORM**

The Massachusetts Board of Registration of Genetic Counselors (Board) has been certified by the Criminal History Systems Board for access to Criminal Offender Record Information (CORI), including conviction and pending criminal case data. As an applicant to the Board for licensure as a genetic counselor, I understand that the Board may conduct a CORI check for authorized data using the information provided below and that any CORI check results will not necessarily disqualify me from licensure. I hereby attest that the information I have provided below is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
LICENSE APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

\_\_\_\_\_  
PLACE OF BIRTH (CITY, TOWN, COUNTRY)

\_\_\_\_\_  
DATE OF BIRTH (DD/MM/YYYY)

\_\_\_\_\_  
SOCIAL SECURITY NUMBER  
(REQUESTED BUT NOT REQUIRED)

\_\_\_\_\_  
ID THEFT INDEX PIN  
(IF APPLICABLE)

\_\_\_\_\_  
MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES: \_\_\_\_\_  
\_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ STATE DRIVER'S LICENSE \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

CORI REQUESTED BY: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

\_\_\_\_\_  
PRINT NAME

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